

Matt Gianquinto SB 36

**Testimony Opposing SB 36, An Act Concerning the Governor's Recommendations to Improve Access to Health Care**

My name is Dr. Elsa Stone. I am a former president of the Connecticut Chapter of the American Academy of Pediatrics, and currently am on the Board of Governors of the New Haven County Medical Society. I have been President of the Medical Staff and served on the Board of Trustees of Yale-New Haven Hospital, and have served on the Board of the National Certification Board of Pediatric Nurse Practitioners. I have been a practicing pediatrician in North Haven for 36 years, and have worked with Advanced Practice Nurse Practitioners in my practice for almost 30 years. I speak today in opposition to this bill.

I am a strong advocate for Advanced Practice Nurse Practitioners working in collaboration with physicians. There are numerous studies that demonstrate that they can and do deliver high quality care to patients. They are much better than many physicians at educating patients about their health problems, and often spend more time with patients resulting in greater patient satisfaction. They can provide excellent preventive care services and manage many acute problems. However, they do not have the depth of education and training to enable them to replace physicians without jeopardizing patient care. This shortcoming is compensated for by their working in association with other physicians.

As APRNs are not permitted to work independently in most states, most of the studies looking at the outcomes of NP care were conducted in settings where they were working shoulder to shoulder with other medical professionals. Significant informal consultation and education occurs in those settings, and is not controlled for in the studies. This bill, if enacted, would enable and potentially encourage APRNs to practice independently outside the settings in which they could continue to learn and collaborate with other medical professionals. It would do nothing to solve the anticipated shortage of primary care providers, as there are ample collaborative settings in which they can work if the demand exists.

Even without this expansion of the scope of practice, currently abuses are occurring which undermines the quality of care patients receive in Connecticut. Retail clinics are eagerly hiring new APRN graduates to staff their clinics. The collaborating physician is available by phone somewhere in the state; the NP is not instructed to have the patient return for follow-up. As a practicing pediatrician, I appreciate that the patient is referred back to me for follow-up; I can try to make up for any mistakes that were made. But how does that NP learn anything? Is that the quality, coordinated care that we desire for our patients? An invaluable part of medical education is following the course of an illness and seeing the results of your treatments.

Lastly, this bill runs counter to the latest developments and knowledge about the delivery of high quality, patient sensitive and cost effective health care: health care teams. Physicians, APRNs, RNs, community health care workers, social workers and others, working together, capitalizing on each profession's strengths, can enhance care, reduce costs, and result in far better outcomes. This bill would move us backwards in our quest for accessible, high quality, cost effective care.